State of Washington
Decision Package
Department of Social and Health Services

FINAL

DP Code/Title: M1-94 Mandatory Workload Adjustments

Agency Wide

There are 6 Programs in this DP

Budget Period: 2003-05 Version: 12 2003-05 Fall Update 2 yr Budget

Recommendation Summary Text:

Program(s): 020
The Juvenile Rehabilitation Administration (JRA) requests funding for workload increases based on the June 2002 Forecast accepted by the Caseload Forecast Council (CFC). In addition, JRA requests funding for specific maintenance level items.

Program(s): 030
This request would fund workload increases for Child Study and Treatment Center (CSTC), Western State Hospital (WSH) and Eastern State Hospital (ESH). These staff are needed to meet the needs of growing populations of patients with developmental disabilities at CSTC and WSH, increases in the number of high needs inpatient children at CSTC, and an increased forensic census at ESH.

Program(s): 040
This step requests funding for the staffing requirements of caseload growth in the Medicaid Personal Care (MPC) program based on the Caseload Forecast Council (CFC) forecast.

Program(s): 050
This decision package requests funding for costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, ensure Quality Assurance, and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all Long Term Care (LTC) settings. This estimate is based on the October 2002 Caseload Forecast Council (CFC) update.

Program(s): 080
The Medical Assistance Administration (MAA) requests additional positions needed to continue meeting customer needs in an effective and timely fashion. The increased need is primarily driven by increases in the number of disability determinations, as projected by the Social Security Administration (SSA), and by forecasted growth in the MAA client caseload. The standard workload adjustment for the estimated Maintenance Level caseload increase includes 37.4 FTEs in year one and 15.0 FTEs in year two for MAA. In addition, 26.4 FTEs per year are also needed for the Division of Disability Determination Services (DDDS), based on SSA projections.

Fiscal Detail:

Operating Expenditures

	FY 1	FY 2	Total
Overall Funding			
001-1 General Fund - Basic Account-State	9,536,000	12,281,000	21,817,000
001-2 General Fund - Basic Account-Federal	1,747,000	1,541,000	3,288,000
001-7 General Fund - Basic Account-Private/Local	613,000	864,000	1,477,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	3,213,000	5,048,000	8,261,000
Total Cost	**15,109,000**	**19,734,000**	**34,843,000**

Staffing

	FY 1	FY 2	Annual Avg
Agency FTEs	**256.9**	**327.5**	**292.2**

Package Description:

Program(s): 020
The JRA workload step is based on the June 2002 Caseload Forecast accepted by the CFC, which anticipates an Average Daily Population (ADP) increase of 24 beds in Fiscal Year 2004 and 39 beds in Fiscal Year 2005. This forecast accounts for increases to: 1) the residential bed plan; 2) parole caseload; and 3) diagnostic services administered.

The proposal also requests funding for: 4) Suicide Precaution Level watches at Echo Glen Children's Center and Maple Lane School; 5) intermittent staffing costs for JRA institutions and community facilities; 6) staff for maintenance of the Client Activity Tracking System (CATS); 7) restoration of parole FTEs; and 8) small works funding for JRA residential facilities.

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1. Residential Bed Plan Increase: a) This item reflects partial opening of a 64 bed unit at Green Hill Training School in Fiscal Year 2004 to serve 14 youth and an increase in the number of staff in Fiscal Year 2005 to serve 29 youth; and b) an additional 10 contracted Treatment Foster Care beds in Fiscal Year 2004 and Fiscal Year 2005.

2. Parole Caseload Increase: Reflects an adjustment based on 2.30 percent caseload increase in Fiscal Year 2004 and 3.74 percent caseload increase in Fiscal Year 2005.

3. Diagnostic Services Increase: Reflects an adjustment based on Fiscal Year 2002 data comparing the number of diagnostics completed to the number of residential beds. This comparison resulted in a ratio of 1:4 diagnostics for each residential bed.

4. Suicide Precaution Level (SPL) Watches: Funding is requested for staff to monitor youth placed on SPL as defined in JRA Bulletin #24. SPLs are determined by the completion of the Suicide Risk Assessment (SRA) tool at the time of intake or when a change in a youth's SPL may be warranted. Staff must place a youth on one of four SPLs when indicated by the SRA. SPL1 is the most serious and staff intensive level.

5. Intermittent Staffing Costs: Funding is included in this request for direct care staff in JRA residential facilities to allow staff coverage at 1.7 FTEs per seven-day shift, which is the OFM recommended staffing level for intermittents, overtime, and holiday pay. Staff absences adversely affect the authorized staffing level (justified by the custody staffing standards) of each JRA facility. These standards describe the minimum level of staff needed to promote rehabilitative treatment and ensure secure supervision of residents. These staffing standards have been implemented throughout JRA, but the level of funding has not kept pace, primarily in the area of intermittent usage. Intermittents are only called in for absences if staffing falls below a critical minimum level. Funding in the existing JRA institutions and community facility budgets is inadequate to provide coverage for all staff absences. This request addresses the budget shortfall and provides limited funds to call in intermittent staff to keep staff at critical minimum levels.

6. CATS Maintenance Staff: Funding is requested for 4.0 staff for general maintenance of the Client Activity Tracking System (CATS). The previous JRA client tracking system ("MAPPER") had approximately 50 clerical staff accessing the system. With the implementation of CATS, over 1,200 staff are now accessing the system. The increased number of staff using the system has caused a tremendous increase in help desk requests, data requests, data corrections, and general system maintenance which inhibits the further development of CATS. A common ratio within state government for IT Support to users is 1:200. An additional 4.0 FTEs are needed to adequately support CATS. Current programming staff are funded through the federal Juvenile Accountability Incentive Block Grant project, which is projected to decrease significantly in Federal Fiscal Year 2002.

7. Restoration of Parole FTEs: This FTE request is based upon two factors. The first is that a number of counties have made decisions to no longer provide parole services. Therefore, it was necessary for the JRA to hire state staff to provide parole services. The second factor is that the 2002 Supplemental Budget required the department to restructure parole services and to provide services in a more efficient and effective manner. With this policy direction, a significant FTE reduction was included. The department has restructured parole services and under the current design to utilizing state staff to provide parole services based upon research-based analysis. Therefore, the reduced FTE authority needs to be reinstated to reflect the restructured parole services. No funding is needed for this item.

8. Small Works: Funding is requested for the preservation of state residential facilities. The current Capital Budget instructions request that projects below $25,000 be included in the Operating Budget. Various projects include exterior painting, replacement of flooring and siding on existing buildings, and tree removal. All projects are well overdue and if not accomplished will begin to have negative impacts on the buildings, future Capital Budgets, and program operations.

Program(s): 030

ESH is currently funded and staffed for 83 forensic beds. However, their forensic census for the past year has averaged 92 beds. This request will provide the necessary funding and FTEs (9.0) to support 90 beds or 3 wards.

CSTC has experienced an increase in two patient populations, both of which require increased staffing. The number of

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developmentally disabled (DD) patients nearly doubled in Fiscal Year 2001 from the previous year. Individualized treatment modalities and safety measures for DD patients can only be realized by increases in staffing levels. In addition, CSTC has experienced an increase in the numbers of adolescent patients with special needs. These children can be (and many are) spontaneously violent; the majority have histories of inappropriate sexual behavior; some are very psychotic and cannot attend school. Because some patients must be maintained in the cottage, staff are split between school and cottage; staffing needs are increased. This request includes 3.5 FTEs to meet the needs of DD patients and 3.0 FTEs to increase staffing for high needs inpatient children.

The Habilitative Mental Health Treatment Program (HMHTP) (Phase 3) within WSH serves patients who, in addition to the behavioral or mental conditions which led to their hospitalization, are also developmentally disabled. The program was developed and implemented as a result of a federal lawsuit (Allen Et, AL. vs. Western State Hospital) and became operational in April 2000. Initially, the program was developed to serve 24 patients with 59.0 funded FTEs. Currently, the Habilitative Program is serving 47 patients and is utilizing approximately 89.0 FTEs. The program was intended to be housed in a unit that is "distinct and physically separate from units serving persons with acute and chronic mental illness." Because of the growth in this program, portions of the population are housed on three wards. In two wards, the DD patients are co-located with patients with both acute and chronic mental health patients. This request would fund the 30 FTEs necessary to the HMHTP operations and allow the program to be separately housed in two co-located wards.

A series of serious staff injuries by assaults in 1999 highlighted a need to improve safety at WSH for staff, patients, and visitors by providing staff with personal alarm devices. Based on an internal team evaluation, the Security Escort System was purchased for limited usage. The WSH Communication Center was chosen to monitor and manage the system.

The system has worked very well to provide greater safety for staff, patients, and visitors at WSH in those units that have the system. Response times have diminished significantly which has resulted in less staff injuries. The system was installed in the wards temporarily occupied by the Forensic Units and has been installed in the new Forensic building. The ability to fully utilize this system will greatly enhance the safety of staff, patients, and WSH visitors. Monitoring and managing the currently installed system will take more staff than the Communication Center has available. Communications Center staffing levels are the same now as they were in 1986. During that time the number of analog phones for which they are responsible has more than doubled; pagers have increased by almost seven-fold, and radios by 1,000 percent; the staff have become the primary monitors of the fire alarm system, and now operate and monitor the personal alarm system. An additional 3.5 FTEs are requested to cover the increased workload. This will provide one additional operator on an around-the-clock basis.

Program(s): 040

MPC is a legislatively authorized Medicaid State Plan service that provides assistance to individuals needing help with activities of daily living, such as eating, toileting, ambulation, positioning, dressing, bathing, essential shopping, meal preparation, laundry, housework, and supervision. It is an entitlement for every individual who meets the Medicaid financial and program eligibility criteria.

There is a direct relationship with the number of case managers to the number of clients who can be managed in the MPC program. Without the appropriate numbers of case managers, there is a risk that clients will not receive appropriate or cost effective services, and the safety of clients may be at risk. The use of the computer-based Comprehensive Assessment form has proven extremely valuable to measuring and monitoring the needs of Washington State's long-term-care population. These Comprehensive Assessments cannot be kept up-to-date without adequate case managers.

This step requests funding for the workload increase based on the most current CFC forecast of MPC growth for children and adults. Continued growth in MPC reflects the entitlement nature of this Medicaid State Plan service.

Program(s): 050

This decision package reflects the costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all long-term care settings. The number of staff required for these activities is driven by the number of clients receiving services provided through the programs managed by Aging and Adult Services Administration (AASA).

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The AASA workload model provides an estimate of needed staffing based on the number of hours required to manage a specific case and the number of clients in the caseload. Caseload estimates used for these calculations are from the CFC October 2002 Forecast.

	FY04	FY05
Nursing Facilities	12,673	12,475
Adult Family Homes	3,294	3,294
Adult Residential Care	1,428	1,435
Assisted Living	4,281	4,641

Adult Protective Services (APS) staffing needs, as well as staffing requirements for community residential licensing are also included in this request.

A significant driver of this FTE request is the increase in the APS population. Caseload is estimated to be a total of 9,649 clients for Fiscal Year 2004 and 10,053 for Fiscal Year 2005. This is up from a budget estimate of 8,970 for Fiscal Year 2003. Significant education regarding the requirements for certain groups of professionals who are "mandated reporters" to call in reports of suspected abuse of vulnerable adults and high levels of publicity for the ENDHARM toll free lines are expected to result in continuing increases in the APS caseload.

Additional FTEs will allow for growth in the number of licensed boarding homes and adult family homes.

Program(s): 080

MAA has experienced a steadily increasing demand for administrative resources due to the effects of several significant Medicaid eligibility expansions since 1989. The major expansions include:

1989: Children to age eight up to 100 percent of the Federal Poverty Level (FPL)
1989: Pregnant women up to 185 percent of FPL (First Steps)
1990: Children ages one to five up to 133 percent of FPL
1991: Insurance coverage for certain AIDS patients
1992: Children to age 19 up to 100 percent of FPL
1993: Healthy Options (Medicaid managed care)
1994: Children to age 19 to 200 percent of FPL
2000: Children to age 19 to 200 percent to 250 percent of FPL (State Children's Health Insurance Program (SCHIP))
2001: Women with breast and/or cervical cancer up to 200 percent of FPL
2001: Family planning for men and women up to 200 percent of FPL (Take Charge)
2002: Healthcare for Workers with Disabilities up to 220 percent of FPL.

With the implementation of the Healthy Options managed care program in 1993, MAA was required to operate two distinct health care delivery systems: fee-for-service and managed care.

Caseload growth, in addition to that experienced as a result of program expansions, stems from social and economic conditions including:

- Continued declines in the number of persons who have private health insurance.

- Loss of manufacturing jobs as Washington State transitions to a more service-based economy and the accompanying rise in the number of low-wage workers without employer-provided health insurance.

- Rising numbers of elderly persons who are unable to meet the costs of long-term care.

Together, these factors have resulted in steady increases in the number of persons who are eligible for state-funded medical assistance. With this increase, the need for adequate customer service and other program management resources also rises.

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MAA will continue to spend less than three percent of its total budget on the costs of program administration. This request reflects the estimate of additional personnel resources needed to maintain customer-driven operations at current levels of effectiveness, ensuring timely access to appropriate medical care for nearly 900,000 medical assistance beneficiaries.

The standard workload adjustment for the estimated Maintenance Level caseload increase includes 11.1 FTEs in year one and 15.0 FTEs in year two for MAA. In addition, 26.4 FTEs per year are also needed for the Division of Disability Determination Services (DDDS), based on SSA projections.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Program(s): 020
The forecast is used as a budget driver to meet the strategic plan goal of program accountability. The forecast provides a benchmark to determine a level of funding that ensures the program is accountable for its resources.

Program(s): 030
Providing adequate staffing contributes to the goal of ensuring quality, cost effective medical and clinical care. This promotes the health and safety of both clients and staff.

Program(s): 040
The Developmental Disabilities Services (DDS) will effectively and efficiently use resources to accomplish the values, principles, and the mission of the DDS while maintaining accountability for public and client safety.

Program(s): 050
The decision package supports the AASA goals of: Providing Public Value, and Addressing Client and Family Needs.

The decision package supports the agency balanced scorecard goals pertaining to Client Health and Safety.

The decision package supports the Governor's goal to increase the safety and security of Washington State residents.

Program(s): 080
The requested FTEs are required so MAA can continue effective administration of medical assistance programs by:

- Providing accurate and timely processing of client eligibility, provider enrollment, contract negotiations and management, and other essential program administration functions.

- Responding in a timely manner to provider and client 1-800 system inquiries.

- Processing claims in accordance with federal requirements in order to continue to secure Federal Financial Participation (FFP).

- Making disability determinations that meet federal timeliness and accuracy requirements.

- Enrolling clients in managed care plans on a timely basis to meet contract requirements.

These and other activities enable MAA to assure access to high quality health care.

Performance Measure Detail

Program: 020

Goal: 06B Reduce repetitive criminal behavior.

		Incremental Changes FY 1	FY 2
Output Measures			
2B2	Average daily population of community residential facilities.	10	10

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6B2	Average daily population of institutional residential facilities.	14	29
6B7	Average daily population of intensive parole	7	11
6B9	Average daily population of sex offender parole	8	13
6BE	Average daily population of research-based parole	3	4

Program: 030

Goal: 02C Enhance safety for consumers, employees and the public

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Goal: 04C Ensure public mental health works for most seriously, chronically, mentally ill

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Goal: 11C Ensure infrasturcture of state hospitals provides a safe and secure environment

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Program: 040

Goal: 03D Design/maintain system of residential supports and services

Incremental Changes: FY 1 / FY 2

Output Measures

3DA	Provide personal care services to those individuals eligible for the State Plan as forcasted by the Caseload Forecast Council	0	0

Program: 050

Goal: 01E Ensure access to an array of optional long-term care services

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Goal: 02E Address Client and Family Needs

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Goal: 05E Provide Public Value

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Program: 080

Goal: 04H Enhance customer focused orientation within MAA using CQI.

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Goal: 10H Assure access to high quality health care

Incremental Changes: FY 1 / FY 2

No measures submitted for package

Reason for change:

Program(s): 020
This proposal is necessary to meet forecasted population requirements.

Program(s): 030
The additional staff will allow for continuation of current services.

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Program(s): 040
Staffing demands are driven by the number of clients receiving services. The CFC is forecasting more clients will be entitled to DDS services in the MPC program.

Program(s): 050
Staffing demands are driven by the number of clients receiving services provided through the programs managed by AASA.

This estimate maintains the Aging and Adult Services Administration's workload formula adopted during the 1997-99 Biennium. Outcomes by the current Workload Standards Study will be provided for budget consideration, as soon as they are available.

A significant driver in this FTE request is an anticipated increase in the APS caseload.

Program(s): 080
Growth in the fee-for-service-based MAA caseload translates into higher workloads in provider toll-free lines, coordination of benefits, claims processing, prior authorization, quality utilization, and exception case management. Growth in childrens' caseload increases the demand for related eligibility determinations, managed care enrollments, computer support, and provider/client toll-free lines.

For DDDS, the workload has increased due to the Department of Social and Health Services initiative to move recipients from General Assistance-Unemployable (GA-U), Temporary Assistance for Needy Families, and other programs to Supplemental Security Income. The DDDS workload is determined by SSA in September of each year. This workload estimate, based on historical trends, may change with the MAA forecast. SSA expects a 35 percent increase in workload through the 2003-05 Biennium. According to the SSA, the basis for the expected workload increases are as follows:

- The Baby Boomer Generation is nearing retirement age.
This percentage of the national population will now begin to apply for SSA benefits, which is going to increase the intake of Disability Determination Services nationwide.

- Washington State's economy is expected to recover at a slower rate than is anticipated for the nation as a whole.

- With Boeing and the Dot-Com Companies layoffs, a portion of these laid-off workers will apply for SSA benefits once unemployment benefits run out, commencing in the ensuing biennium.

Impact on clients and services:

Program(s): 020
The forecast increase should not alter the level of services to clients as the increased allotment should be sufficient to provide the same level of service.

Program(s): 030
Potential risk to both patients and staff from patient violence would be reduced. This would help protect the health and safety of clients. This would allow staff to more fully concentrate on providing clinical and the habilitative and rehabilitative services the clients need.

Program(s): 040
Funding the workload change will provide sufficient staff to continue services at the current level.

Program(s): 050
Funding the workload change will provide sufficient staffing to continue services at the current level.

Program(s): 080
Approval of this request will allow MAA to make eligibility determinations and respond to provider and client inquiries in a timely manner. It will also allow MAA to adjudicate (determine whether or not to pay) 90 percent of provider claims within 30 days of their receipt, as required by federal rules.

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The funding and FTEs will also enable DDDS to make accurate and timely disability determinations according to SSA requirements. The resources requested also allow MAA to maintain managed care voluntary enrollment processing standards and general access to Washington State's medical assistance programs.

Impact on other state programs:

Program(s): 020
None

Program(s): 030
More positive outcomes for these patient populations could have positive impacts for Juvenile Rehabilitation Administration, Division of Developmental Disabilities, local law enforcement, and community mental health providers.

Program(s): 040 050
None

Program(s): 080
By being able to meet our customers needs, clients of the Mental Health Division, Economics Services Administration, Aging and Adult Services Administration, Division of Developmental Disabilities, Children's Administration, Division of Alcohol and Substance Abuse and Juvenile Rehabilitation Administration will be assured access to Medicaid services.

Relationship to capital budget:

Program(s): 020
Small Works: The current Capital Budget instructions request that projects below $25,000 be included in the Operating Budget. JRA is requesting $450,000 for projects costing $25,000 or less.

Program(s): 030 040 050 080
None

Required changes to existing RCW, WAC, contract, or plan:

Program(s): 020 030 040 050 080
None

Alternatives explored by agency:

Program(s): 020
This funding request meets existing and ongoing requirements.

Program(s): 030
This request is to continue current operations. No alternatives were considered.

Program(s): 040
None. The CFC forecast is the accepted method to determine workload adjustments.

Program(s): 050
Not applicable

Program(s): 080
MAA continues to pursue operations process improvements. An example of this effort is in the Claims Processing Section. In April 2001, the Executive Leadership Team asked the Claims Processing Section to continue to explore possibilities of gaining further efficiencies within the section. The Transition Team addressed three areas:

- Reorganizing the claims processing section to allow for more effective and efficient processing of MAA claims while gradually lowering the total number of staff required for operation through attrition.

- Assuming all or part of the front-end mail processing, scanning, and microfilming.

- Achieving cost savings by eliminating the swing shift. These efforts are ongoing.

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Budget impacts in future biennia:

Program(s): 020
Residential Bed Plan, Parole, and Diagnostics: The forecast will be revised to impact future biennia.

Program(s): 030
Staffing levels and funding would carry forward into future biennia.

Program(s): 040
This request is caseload driven. The cost and number of case managers and associated staff required will carry forward into future biennia as adjusted by future caseload forecasts.

Program(s): 050
This request is caseload driven. The number of case managers, financial workers, and APS staff required in the future will be based on increased or decreased numbers of clients receiving services, as determined by future caseload forecasts.

Program(s): 080
The increase of FTEs will bow wave into Fiscal Year 2005. Equipment costs are one-time.

Distinction between one-time and ongoing costs:

Program(s): 020
Costs are to meet ongoing workload requirements.

Program(s): 030
All costs in this decision package are ongoing.

Program(s): 040
This package includes one-time equipment costs. The remaining costs are ongoing.

Program(s): 050
The funding of case managers is an ongoing cost, dependent on the caseload forecast.

Program(s): 080
The equipment costs in this decision package ($339,453) are one-time for the 2003-05 Biennium. All other costs are ongoing.

Effects of non-funding:

Program(s): 020
The CFC caseload forecast is accepted as the tool for ML budget requests. Non-funding would require JRA to reduce services to residents and could contribute to increased recidivism in the future.

Program(s): 030
Operations would not fully meet the clinical, safety, and habilitative or rehabilitative needs of clients, and would put staff in jeopardy of injury due to patient violence. There are no FTEs available that can be moved from other areas within the hospitals.

Program(s): 040
There is a direct relationship with the number of case managers to the number of clients who can be managed in the MPC program. Without appropriate numbers of case managers, there is a risk that clients will not receive appropriate or cost effective services, and the safety of clients may be at risk. The use of the computer-based Comprehensive Assessment form has proven extremely valuable to measuring and monitoring the needs of Washington State's long term-care population. These Comprehensive Assessments cannot be kept up-to-date without adequate case managers.

Program(s): 050
A direct relationship exists between the number of financial eligibility workers and case managers compared to the number of clients who can be managed in AASA's programs. Without appropriate numbers of case managers, there is a risk that clients will not receive appropriate or cost effective services, and the safety of clients may be at risk. The use of the computer-based Comprehensive Assessment form has proven extremely valuable in measuring and monitoring the needs of the state's long-term care population. These Comprehensive Assessments cannot be kept up-to-date without adequate case managers.

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Program(s): 080
Timely adjudication of medical claims has become a larger issue within MAA as the caseload and related claims volume in the fee-for-service-based program has grown. Likewise, the number of fee-for-service reimbursed providers with claims and/or eligibility related issues grow with the caseload. Without the funding sought in this decision package timely responses to provider questions will become more difficult and providers' claims will take longer to process. This will increase the likelihood of providers dropping from the program.

In addition, without the additional FTEs, MAA will have a difficult task in meeting federal requirements for timely processing of medical claims, putting at risk substantial amounts of FFP. Further, disability determinations would not be timely and/or accurate, increasing the risk of federal sanctions. Finally, our customer processing standard in responding to client and provider inquiries, as well as enrolling clients in managed care plans would not be met. Therefore, customers would not have access to high quality health care.

Expenditure Calculations and Assumptions:

Program(s): 020
See attachment - JRA M1-94 Mandatory Workload Adjustments.xls

Program(s): 030
See attachment - MHD M1-94 Mandatory Workload Adjustments.xls

Program(s): 040
The CFC forecasts the October 2002 MPC caseload of 11,888 in Fiscal Year 2004 and 12,921 in Fiscal Year 2005. The carry forward funding level is 10,854 in Fiscal Year 2003.

Assumption: It takes 14 hours to add someone to Medicaid Personal Care. The Aging and Adult Services Administration has calculated that the initial assessment time is 14 hours with the new Interim Assessment. This is the total time for phone calls, travel, assessment, computer input, contracting, authorizations, distribution of service plans, and other intake requirements.

Assumption: It takes eight hours to do an annual review or reassessment. It is estimated to be eight hours from start to finish. While this must be conducted in-home and in-person there is time involved with phone calls, scheduling, travel, and assessment interview, but less time than initially because review and assessment information are prepared as amendments to the existing service plan. The clients generally have services and are not in need of new providers, different contract, arrangements, or other Department of Social and Health Services services.

Assumption: There are 1,296 hours annually available for a Case/Resource Manager FTE for case management, resource management, or intake activities. This was recorded in the Appendix H (page H-13) of the Workload Standards Study Technical Report: Case/Resource Management in DDS (March 1999).

See attachment - DDS M1-94 Mandatory Workload Adjustments.xls

Program(s): 050
See attachment - AASA M1-94 Mandatory Workload Adjustments.xls

Program(s): 080
The FTE estimate is based on the June 2002 Caseload Forecast Council projection of the change in the total number of clients eligible for medical assistance, including managed care enrollees and other Categorically Needy eligible persons (Aged, Blind, and Disabled), State-Only Under 18 years of age (H-Kids), GA-U, Medically Indigent, and other MAA administered eligibility groups.

See attachment - MAA M1-94 Mandatory Workload Adjustments.xls

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Object Detail

		FY 1	FY 2	Total
Overall Funding				
A	Salaries And Wages	9,329,798	12,572,433	21,902,231
B	Employee Benefits	2,502,670	3,169,986	5,672,656
E	Goods And Services	2,052,579	2,501,947	4,554,526
G	Travel	199,109	348,293	547,402
N	Grants, Benefits & Client Services	1,043,759	1,179,171	2,222,930
S	Interagency Reimbursements	(18,915)	(37,830)	(56,745)
	Total Objects	**15,109,000**	**19,734,000**	**34,843,000**

DSHS Source Code Detail

Overall Funding / Sources	Title	FY 1	FY 2	Total
Fund 001-1, General Fund - Basic Account-State				
0011	General Fund State	9,536,000	12,281,000	21,817,000
	Total for Fund 001-1	**9,536,000**	**12,281,000**	**21,817,000**
Fund 001-2, General Fund - Basic Account-Federal				
001B	Social Security Disability Ins (100%)	1,747,000	1,541,000	3,288,000
	Total for Fund 001-2	**1,747,000**	**1,541,000**	**3,288,000**
Fund 001-7, General Fund - Basic Account-Private/Local				
5417	Contributions & Grants	613,000	864,000	1,477,000
	Total for Fund 001-7	**613,000**	**864,000**	**1,477,000**
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa				
19TA	Title XIX Assistance (FMAP)	1,360,000	1,977,000	3,337,000
19UG	Title XIX Admin (75%)	65,000	58,000	123,000
19UL	Title XIX Admin (50%)	1,788,000	3,013,000	4,801,000
	Total for Fund 001-C	**3,213,000**	**5,048,000**	**8,261,000**
	Total Overall Funding	**15,109,000**	**19,734,000**	**34,843,000**

Funding Totals by Program

Dollars in Thousands

Program	FTE's FY 1	FTE's FY 2	GF-State FY 1	GF-State FY 2	Total Funds FY 1	Total Funds FY 2
020 Juvenile Rehabilitatn Admin	**110.5**	**125.2**	**4,612**	**5,335**	**4,765**	**5,506**
030 Mental Health	**50.2**	**50.2**	**2,119**	**2,070**	**2,960**	**2,877**
040 Div of Developmntl Disab	**24.0**	**47.9**	**1,164**	**2,190**	**1,877**	**3,533**
050 Long Term Care Services	**34.8**	**62.8**	**1,238**	**2,197**	**2,910**	**5,263**
080 Medical Assistance	**37.4**	**41.4**	**403**	**489**	**2,597**	**2,555**
150 Info SYS Svcs Div	**0.0**	**0.0**	**0**	**0**	**0**	**0**
Grand Total:	**256.9**	**327.5**	**9,536**	**12,281**	**15,109**	**19,734**